

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9			1			
10			1			
11			1			
12			1			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.		←	12	←	←	←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.	←			←	←	←
TOTAL CLAIMS						